## 402016217

FE5AN018

FORM 3

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
PUBLIC RECORDS

14 FEB 25 AM 10: 42

			Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	41
Capito For West Virgir	nia			
	<u> </u>	<u> </u>	<u> </u>	
	P.O. Box 11519			
ADDRESS (number and street)	1			
Check if different				<u> </u>
than previously reported. (ACC)	Charleston	<u></u>	WV 25339	9
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	STATE A	ZIP CODE
C C00539825	3.	IS THIS NEW REPORT (N) OR	AMENDED (A)	STATE ▼ DISTRICT
. TYPE OF REPORT (Ch	oose One) (b)	12-Day PRE-Election Report for the:		
(a) Quarterly Reports:			in the second se	manny.
April 15 Quarterly I	Report (Q1)		General (12G)	Runoff (12R)
July 15 Quarterly F	Report (O2)	Convention (12C)	Special (12S)	
October 15 Quarter		M M / D D	A A A A	in the
Peril Deliver	ny Neport (Q3)	Election on The Control of the Contr	ama udha e e e e e e e e e e	State of
X January 31 Year-Er	id Report (YE) (c)	30-Day POST-Election Report for the	<b>:</b>	
		General (30G)	: ∃ Runoff (30R)	Special (30S)
Termination Report	(TER)	్రాజులో ఉంది. మూజులో ఉంది. జిలుగున్నా కామా	September and comments of the former of the financial of	v ≠ on w
limit.	(,	Election on	TO A A A A A A A A A A A A A A A A A A A	in the State of
<u>-</u>	M D D D V V		31 31 31 31 31 31 31 31 31 31 31 31 31 3	
certify that I have examined the ope or Print Name of Treasurer		est of my knowledge and belief it is t	true, correct and com	plete.
gnature of Treasurer Mr. I		d Spangler	Date 02	21 2014
OTE: Submission of false, errone	ous, or incomplete info	rmation may subject the person signing	this Report to the pen	ealties of 2 U.S.C. §437g.
Office				
Use     Only	1			EC FORM 3 Revised 02/2003)